U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7437	2. Fiscal Year Covered From:			
	01/01/2004 Through: 12/2/2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Gerard Jones	Name National or Ebautarial of Industrian Trale unio			
	Labor Organization File Number			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street Co Heather wood Court	Street 148-06 Hillsipe Aucauc			
City DIX 14:115	City Samaca			
State ZIP Code +4 11746	State 21 ZIP Code +4 11435			
5. Position in labor organization. NATIONAL President				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street	7.b. Amount.			
City				
State ZIP Code + 4	Shamilled in Brieff of an administration is a street and all the hopping an anappling appearance place for the big to publish the big to be big to			
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed WAA TONG	On 7/5 05 718-291-3434			
	Date Telephone Number			

Name of Person Filing Gerard JONES	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Willow Tones Trade Name, if any: P.O. Box, Bldg., Room No., if any Street O Heatherwood Court City Dix Hills State Ny ZIP Code +4 11746	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name North Two area Trust Full Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 148-06 Hallson Are	Employed as SUBCULUE OF THE MY MIDICAL AND DENTAL CONTRA. Spouse OF UNION OFFICER			
	11.b. Approximate dollar value of such dealing.			
State Ny ZIP Code + 4 11435	12.a. Nature of interest held or income received. Saunay Aun Bode First			
	12.b. Amount. \$798\$			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any). Name Noにて エンのいっぱっこ (社会のロークレス) Trade Name, if any:	Reinsursement OF EOVERTIONAL CONFECCIOL EXPENSES A> UDIO) TRUSTER			
P.O. Box, Bldg., Room No., if any Street 148-06 Hillson Aucure City Jamanca State Ny ZIP Code +4 1142				

14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant

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Name of Person Filing Gerard JONES	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary values ubstantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or rectly to, or otherwise		
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name KUEHLER & ISAAKS	issuum,		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street GI BEURDWOY	c. Employer		
City New York			
State NY ZIP Code +4 10006			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	LABOR ATTURULY		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. / 2 927		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	ROUNDOR GOLF		
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	GIET Sayleet of Sur		
	12.b. Amount. 2.7 >		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).			
Control of the contro			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City	Name of the state		

14.b. Amount of payment.

ZIP Code + 4

or Consultant

13.b. Is the Business an Employer

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8. Name and address of Business (including trade name, if any). Name Amalbama (まり Bauk Trade Name, if any: P.O. Box, Bldg., Room No., if any Street リード リガロカ S のしなを	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	ling.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	INVESTO	NUT CUSTUDIAN	
Street	11.b. Approximate dollar va	lue of such dealing. 3 006	
City A Section 1. City	12.a. Nature of interest he	Transport of the residence of the state of t	
State ZIP Code + 4	Harde	Sy GIFT BLANKET	
	12.b. Amount.	38	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	der parts A and B above) y or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	· ·	
Name			
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4			